CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

RECEIVED STATEMENT OF ACONOMIC INTERESTS

Date Received

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FAIR POLITICAL RACTICES COMMISGOVER PAGE

CITY CLERK'S OFFICE

2011 JAN -7 PM42P5@ic Document CITY OF CALT Please type or print in ink. (MIDDLE) (FIRST) NAME (LAST) Crews Mark E.

1. Office, Agency, or Court
Name of Office, Agency, or Court:
Galt City Council
Division, Board, District, if applicable:
Your Position:
Council Member
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency: See Attached
Position:
2. Jurisdiction of Office (Check at least one box)
☐ State
County of
⊠ City of Galt
☐ Multi-County
Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date: 12 , 07 , 10
Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
O The period covered is/, through December 31, 2009.
Leaving Office Date Left:/(Check one)
O The period covered is January 1, 2009, through the date of leaving office.
-or-
O The period covered is/, through the date of leaving office.
Candidate Election Year:

4. Schedule Summary
► Total number of pages including this cover page:
► Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)
Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)
Schedule B
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gilts and Travel Payments)
Schedule D Yes – schedule attached Income – Gifts
Schedule E Yes – schedule attached Income – Gifts – Travel Payments
-or-
⊠ No reportable interests on any schedule
5. Verification
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Signaturé

(d)(5)

12/20/2010

FPPC Toll-Free Helptine: 866/ASK-FPPC www.tppc.ca.gov

MARK CREWS

EXPANDED STATEMENT - LIST AGENCY/POSITION:

Agency: Redevelopment Agency Position Title: Board Member

Agency: Capital Improvement Authority Position Title: Board Member

Agency: Public Financing Authority Position Title: Board Member

Agency: Galt Services Authority Position Title: Board Member